



DEVELOPMENT SERVICES DEPARTMENT  
BUSINESS TAX RECEIPT DIVISION

6591 ORANGE DRIVE • DAVIE, FLORIDA 33314-3399  
PHONE: 954.797.1112 • FAX: 954.797.1086 • WWW.DAVIE-FL.GOV

## HOME BUSINESS TAX RECEIPT APPLICATION

APPLICANTS: COMPLETE BOTH SIDE OF APPLICATION

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS MAILING: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

DESCRIBE TYPE OF BUSINESS: \_\_\_\_\_

BUSINESS IS: CORPORATION \_\_\_\_\_ SOLE PROPRIETOR \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ LLC \_\_\_\_\_

OWNER/OFFICER (S)	HOME ADDRESS	CITY/ZIP	PHONE
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1. \_\_\_\_\_

2. \_\_\_\_\_

FEDERAL ID NUMBER \_\_\_\_\_ OR SOCIAL SECURITY \_\_\_\_\_

I understand this is an application for a Business Tax Receipt in the Town of Davie. Until I have received the Business Tax Receipt, I will not conduct any business at this location. The Business Tax, upon receipt, is valid until September 30, \_\_\_\_ and must be renewed before each October 1<sup>st</sup>.

Initial

**This application for Business Tax Receipt allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.**

\_\_\_\_\_  
Print owner or officer's name and title

\_\_\_\_\_  
Signature of owner or officer

**OFFICE USE ONLY:**

Date \_\_\_\_\_ Category \_\_\_\_\_ Fee \_\_\_\_\_ Exempt \_\_\_\_\_ per Sec 13-3

New \_\_\_\_\_ Transfer \_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_ Owner \_\_\_\_\_ Transferred from \_\_\_\_\_

Tax Number \_\_\_\_\_ Control Number \_\_\_\_\_ Location ID Number \_\_\_\_\_

Folio \_\_\_\_\_ Zoning \_\_\_\_\_

Council Approval Required \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Zoning Approval \_\_\_\_\_ Date \_\_\_\_\_

Town Council Date \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Tabled \_\_\_\_\_